

BIRCH, STEWART, KOLASCH & BIRCH, LLP

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	SURGICAL NEEDL	E HOLDER							
Fill in Appropriate	the specification of forth above and/or		nereto. If not attached he	ereto, the application is identi	fied by the attorney dock	et number as set			
Information -	The specification	on was filed on Jur	ne 24, 2003			as			
For Use Without	United States A		;						
Specification	and amended o	(if applical	(if applicable) and /or						
Attached:	the specification was filed on					as PCT			
	and was								
	amended on _		·		(if	applicable)			
Information:	amended by any and I acknowledge Regulations, §1.56. I do not know thereof, or patented year prior to this applicadate of this applicadate of this application by me of I hereby claim or inventor's application by me of I hereby claim or inventor's certificafiling date before the Prior Foreign Application of the prior Foreign Application by me of I hereby claim or inventor's certificafiling date before the Prior Foreign Application of the prior Foreign Appl	and do not believe or described in a pplication, that the tion, that the tion, that the tion, that the investion in any counsigns more than to certificate on this remy legal represe foreign priority be at elisted below an hat of the application(s) GREAT BI (Country)	to above. lose information which the same was ever kno my printed publication e same was not in publ antion has not been pate thry foreign to the Un welve months (six mor invention has been file ntatives or assigns, exce enefits under Title 35, U d have also identified b ion on which priority is	Inited States Code, §119(a)-(d elow any foreign application claimed: <u>June 25, 2002</u> (Month/Day/Year Filed	as defined in Title 37, (es of America before my our invention thereof or distates of America moran inventor's certificate is application filed by a application, and that no he United States of America (e) of any foreign application patent or inventor's compared to the Control of the Contro	Code of Federal or our invention r more than one re than one year sued before the me or my legal o application for rica prior to this ion(s) for patent ertificate having y Claimed No			
Insert Priority Information: (if appropriate)	(Number)	(Country)		(Month/Day/Year Filed	i) Yes	No			
	(Number)	(Country)		(Month/Day/Year Filed	i)	□ No			
	(Number)	(Country)		(Month/Day/Year Filed	i) Yes	□ No			
	I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s) listed below.								
Application(s):	(Application Number)			(Filing Date)					
insert Provisional Application(s): (if any)	(Application Number) (Filing Date)								
	All Foreign Applica the Filing Date of Th	tions, if any, for a nis Application:	ny Patent or Inventor's (Certificate Filed More than 12	Months (6 Months for E	Designs) Prior to			
insert Requested information: if appropriate)	Country		Application Number	Date of Fi	ling (Month/Day/Year)				
	I hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
insert Prior U.S. Application(s): (if any)	(Application Number	er)	(Filing Date)	(Status - p	atented, pending, abando	oned)			
Page 1 of 2 Rev. 12/2002)	(Application Number	er)	(Filing Date)	(Status - p	atented, pending, abando	oned)			

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ıll Name of First or Sole Inventor: sert Name of	GIVEN NAME/FAMILY NAME	/ INVENTOR'S SIGNATURE		DATE*				
all Name of First or Sole Inventor: sert Name of Inventor: sert Date This Document is Signed	Michael Harold Jones	X Hollings	X	×2-7-2005				
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Name of Third	GIVEN NAME/FAMILY NAME	THE PROPERTY OF THE PROPERTY O						
Inventor, if any: see above	GIVEN NAIVIE/ FAIVIILI NAIVIE	INVENTOR'S SIGNATURE		DATE*				
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Il Name of Fourth nventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHIP	,				
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Name of Eifth								
Name of Fifth ventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Name of Sixth	CHENNAME							
ventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	CITIZENSHIP						
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Page 2 of 2 (Rev. 12/2002)

*DATE OF SIGNATURE